

# Memo

**To:** File – 2823 S. Glenstone (Firestone Tire & Service Center)  
**From:** Gene Pabst  
**CC:** Randy Lyman  
**Date:** 03/18/02  
**Re:** Inspection to check for proper disposal of antifreeze.

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On March 18, 2002 (10:10 A.M.) I did an inspection at the Firestone Tire & Service Center (2823 S. Glenstone) to check their antifreeze disposal methods. This inspection was brought about by a complaint received by the Missouri Department of Natural Resources. I contacted Mr. Don Broyles, Store Manager, to inform him of the complaint. Mr. Broyles stated that they have their used antifreeze picked up HiTech from Eudora, Kansas. Mr. Broyles explained that they remove the antifreeze from the car and place it in one of two 55-gallon barrels. They replace the antifreeze with recycled antifreeze. The recycled antifreeze is stored in two 55-gallon barrels. Mr. Broyles explained that it would cost them money if they disposed of their used antifreeze down the drain because HiTech expects to pickup spent antifreeze at the same time they deliver the recycled antifreeze. I explained to Mr. Broyles that the City does not allow antifreeze to be discharged to the sanitary sewer. Mr. Broyles said that they used to do recycling on site, but it was not cost effective. In addition, they did not want the liability if they did not get the proper mixture of antifreeze and additives in the antifreeze that was placed back in the vehicle. We talked about the high levels of lead and zinc in used antifreeze. Mr. Broyles said that many replacement radiators come from China and they still use lead in there solder.

Mr. Broyles also told me that they use Zep to clean their floors. He said that it is an orange powder and when it is mixed with water, it looks like antifreeze. He took a paper cup and placed a small amount of Zep cleaner in the cup along with some water. As the powder dissolved, the resulting liquid was green. Mr. Broyles placed the liquid on the floor and it looked just like antifreeze.

After discussing this matter with Mr. Broyles, and checking their antifreeze handling procedures as well as floor cleaning methods, it appears that Firestone is currently handling their waste antifreeze correctly. I left a copy of Chapter 120 with Mr. Broyles.

*I emailed a copy to Dan Heyland.  
3-18-02 3:14 P.M.  
GP*

**2823 S. Glenstone**



Public Works Department  
Sanitary Services Division  
Industrial Pretreatment Section  
Complaint/Report Form

Date March 13, 2002

Report From:

- ☐ Citizen  
☐ Public Information Office  
☐ Health Department  
☐ Fire Department  
☐ Mo. Dept. Of Natural Resources  
☒ Other Employee

Received By: R. Lyman

Referred To: G. Pabst

Date of Incident: ongoing

Complainant Information:

Name Anonymous-employee

Address \_\_\_\_\_

Phone \_\_\_\_\_

Directions(if needed): \_\_\_\_\_

Responsible Party Information:

Name Firestone Store

Address 2823 S. Glenstone-@Mall

Phone 882-3751

Possible contamination of: ☒ sanitary sewer ☐ storm drainage ☐ groundwater

☐ surface water Location: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

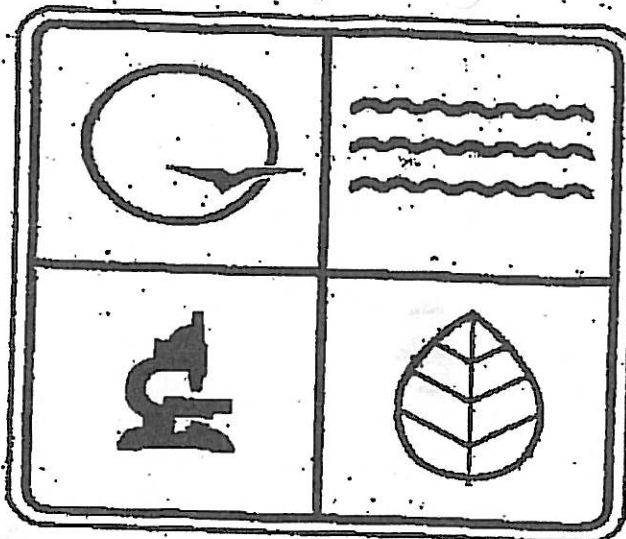
Who to contact:

- |  |  |
|--|--|
| <input type="checkbox"/> Mo. Dept. of Natural Resources 417-891-4300(Regional Office)  | <input type="checkbox"/> City/Greene Co. Health Dept. 864-1664   |
| <input type="checkbox"/> Mo. Dept. of Natural Resources 573-634-2436(Emergencies only) | <input type="checkbox"/> City Sewer Cleaning 864-1923            |
| <input type="checkbox"/> Mo. Dept. of Natural Resources 573-751-7929(Response office)  | <input type="checkbox"/> City Sewer Repair 864-1923              |
| <input type="checkbox"/> U.S. Environmental Protection Agency 913-281-0991             | <input type="checkbox"/> City Street Division 864-1965           |
| <input type="checkbox"/> City Fire Department 864-1500                                 | <input type="checkbox"/> Chemtrec 1-800-424-9300                 |
| <input type="checkbox"/> City Police Department 864-1708                               | <input type="checkbox"/> National Response Center 1-800-424-8802 |
| <input type="checkbox"/> City Utilities 831-8311                                       | <input type="checkbox"/> Other _____                             |

Details of Incident: \_\_\_\_\_

Action needed: Inspection/Investigation

Dan Leyland nrleyld@mail.dnr.state.mo.us



# Missouri Department of Natural Resources Fax Transmittal

Cover Sheet

TO: Randy Lyman

CO.: City of Springfield

DEPT.: \_\_\_\_\_

FAX#: 417-864-1918

FROM: Don Laffal

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOUTHWEST REGIONAL OFFICE  
2040 WEST WOODLAND  
SPRINGFIELD, MO 65807-5912

FAX#: 417-891-4399

COMMENTS: Firestone Complaint  
Trucks

Don

Total number of pages sent were 3 (including cover sheet)  
If all pages are not received, or if problems are experienced,  
please call 891-4344



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF ENVIRONMENTAL QUALITY  
COMPLAINT INVESTIGATION INFORMATION

DL

## INTERVIEW INFORMATION

REFERRED FROM

ROUTING	INITIAL	DATE RECEIVED	Program Assigned
Interviewer	ER	3/11/02	3-12-02 CM
Data Entry	DL	3-11-02	Complaint No. SWCO 2560
Investigator	DL	3-13-02	File No.
Final Data Entry			County Name Greene
			Facility ID #

What is the complaint about?

on Fire Stone

Dumping Antifreeze down storm drain - Employee

What is the location of the problem?

Greene County Fire Stone at Northfield Mall

\_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rge \_\_\_\_\_ Co \_\_\_\_\_ lat \_\_\_\_\_ long \_\_\_\_\_

Who or what is the probable cause of the complaint?

Name <u>Fire Stone</u>	HOME TELEPHONE NO.
Address _____	
City/State/Zip _____	BUSINESS TELEPHONE NO.
Facility Contact: _____	(DENOTE DAYTIME NO. BY AN *)

## INVESTIGATION

Date of Investigation

3/13/2002

Observations/Findings

Dundelford referred to city, Randy Lyman of City of Springfield.

Conclusion/Recommendations

Was there environmental impact on: (Check one or more)

☐ Human Health ☐ Water ☐ Air ☐ Land ☐ None

If water was impacted, name affected waters if available.

## COMPLAINANT INFORMATION

Complainant <u>Acen</u>	HOME TELEPHONE
Address	
City/State/Zip	BUSINESS PHONE NO.
	(DENOTE DAYTIME NO BY AN *)

## FINAL ACTION SUMMARY

## PROGRAM INVOLVED

APO		PDW	
<input type="checkbox"/> Fugitive Dust	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Taste & Odors	<input type="checkbox"/> Color
<input type="checkbox"/> Particulate	<input type="checkbox"/> Odors	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Flow
<input type="checkbox"/> Burning	<input type="checkbox"/> Toxics	<input type="checkbox"/> Pressure	<input type="checkbox"/> Toxics
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

SWM		HWM	
<input type="checkbox"/> Open Dumps	<input type="checkbox"/> SLF	<input type="checkbox"/> Transportation	<input type="checkbox"/> TSD
<input type="checkbox"/> Littering	<input type="checkbox"/> Other	<input type="checkbox"/> Generators	<input type="checkbox"/> Waste Oil
<input type="checkbox"/> Waste Tire Dump		<input type="checkbox"/> Sm. Qty. Gen	<input type="checkbox"/> Other

WPC			
<input type="checkbox"/> Animal Waste	<input type="checkbox"/> Sawdust	<input type="checkbox"/> Toxics/UST	<input type="checkbox"/> Septic Tanks
<input type="checkbox"/> Bypassing	<input type="checkbox"/> Sludge	<input type="checkbox"/> Ground Water	<input type="checkbox"/> Other
<input type="checkbox"/> Treatment Plant Oper.	<input type="checkbox"/> Single Family	<input type="checkbox"/> W.S. Lagoon	

## FINAL ACTION TAKEN

DATE OF ACTION	PROGRAM INVOLVED	
<u>3/13/2002</u>		
TO RESPONSIBLE PARTY:		
<input type="checkbox"/> Memo to File	<input type="checkbox"/> Report	<input type="checkbox"/> Letter
<input type="checkbox"/> Phone	<input type="checkbox"/> Other:	

REFERRED TO:	<input checked="" type="checkbox"/> City	<input type="checkbox"/> DOH	<input type="checkbox"/> DOC	<input type="checkbox"/> DOA
<u>3/13/2002</u>	<input type="checkbox"/> Other Agency:			

TO COMPLAINANT:		
<input type="checkbox"/> Copy of Report	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person
<input checked="" type="checkbox"/> Anonymous Complaint	<input type="checkbox"/> Other:	

Was a Cease and Desist Order, Notice of Violation, or Notice of Excess Emissions Issued?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, number:	DATE ISSUED
Follow-up investigation needed?	DATE PLANNED
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Additional Comments, Conclusions, and Final Agency Actions

IF REFERRED TO ANOTHER AGENCY, COPY SENT TO:
Agency
Address
City/State/Zip Code